

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09780490

FILING DATE

02/09/01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3						
4						
5						
6						
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8						
9	1		1		1	
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11						
12						
13						
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17	1		1		1	
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25	1		1		1	
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31	1		1		1	
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37	1		1		1	
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49						
50						
TOTAL IND.	6		6		6	
TOTAL DEP.	36		36		32	
TOTAL CLAIMS	42		42		38	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						